



Incident Investigation Portal

INVESTIGATION WORKSHEET

"All Information in the Summary should be ACCURATE and TIMELY"

Purpose and Overview

This Investigation Worksheet is a reference document and tool providing all required and the vast majority of all other questions and information fields needed for completing incident investigation records in the online Incident Investigation Portal (Portal). Use this worksheet during the incident investigation process to support capturing information details before starting to enter them in the Portal.

Important Note:

Since the Portal does not save the progress, make sure prior to starting the data entry in the Portal you:

- have any needed picture files ready to be attached and
- addressed every required field – those marked with an asterisk (*) – here in this worksheet.

This will ensure you have everything needed to complete the incident investigation and prevent you from having to re-enter all the information.

Directions

- Completing an incident in the Portal creates an official report required for the incident investigation.
- Use the check box column to check off most items in the worksheet. When multiple items are listed in the same row, use the box in front of the item to check it off.
- Use the Comments column to take any notes that provide meaning or context to the incident.
- Certain Portal fields will create lists of options that will dynamically change based on previous answers provided in the Portal. Therefore, this worksheet may not show all possible answers the Portal requires.
- Start with entering the Incident Number below.

* Incident Number:

Check the email information for the Incident Number.

TAB 1 - INVESTIGATION:				Comments
Type of Incident <i>Check the box in front of the item that applies.</i>				
<input type="checkbox"/> Employee Injury		<input type="checkbox"/> Customer Injury		
<input type="checkbox"/> Vehicle Damage		<input type="checkbox"/> Property Damage		
Description of Incident				
Severity of Incident				
<ul style="list-style-type: none">Employee Injury – Low: No Medical Attention / First AidEmployee Injury – Medium: Medical Attention /Less than 3 Days Lost Time, Hospital OutpatientEmployee Injury – High: Medical Attention / 3+ Days Lost Time / Hospital InpatientOther – Low: Cosmetic, ding, scratch etc.Other – MediumOther – High				

Incident Summary - Directions:

- Always ensure your summary includes the 4W's: WHO was involved (the role or job position of the person involved, not the person's name), and WHEN, WHERE, and WHAT happened as a result of the incident.
- One purpose of this summary is to discover if the role of the person, at the time of the incident, was operating within or outside the job function; and whether the person was performing one or more than one job role at the time.



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TAB 1 - INVESTIGATION: Ensure your Incident Summary includes the 4 W's.

Comments

Description of Incident

Use this worksheet space below to write the Incident Summary.

*** Incident Summary**

Description of Injury - Directions:

- Provide clarity on the description of the injury.
- Use clear, descriptive words to indicate where the injury occurred on the body, e.g., the part of the body, which side of the body (right or left), upper arm or lower arm, front of the leg, or back of the leg, etc.
- Use clear, specific words to describe the type of injury, e.g., bruised, cut, crushed, contusion, laceration, strain, etc.

TAB 1 - INVESTIGATION: Ensure your Injury Description Summary includes the Where? and What? details of the injury.

Comments

Description of Injury

Use the worksheet space below to write the description of the injury. For example, "Right ring finger cut", "Left elbow strain", "Forehead bruised."

Injury Description

TAB 1 - INVESTIGATION: Continued

Comments

Equipment Contributing to Injury

Write the name of the equipment that contributed to the injury

Equipment Part Contributing

Write the name of the equipment part that contributed to the injury



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Tool Contributing to Injury

Write the name of the tool that contributed to the injury

Object Contributing to Injury

Write the name of the object that contributed to the injury

TAB 1 - INVESTIGATION: Continued

✓ Comments

* Job Being Performed

Mark the box in front of the item that applies

• Removing Assembly	• Installing Assembly
• Balancing Tires	• Unloading Truck
• Benediction	• Putting Away Inventory
• Changing Tires	• Using Ladder
• Using Conveyor	• Lowering the Vehicle with Lift
• Air Check	• Lowering the Vehicle with Jack
• Using HTS	• Pulling into the Bay
• Inflating Tires	• Pulling Vehicle out of the Bay

TAB 2 – EMPLOYEE INFORMATION: Task, Role, Time in Role, Additional Employees, ✓ Comments and Best Practice Category

* Task Being Performed

(Briefly describe the task(s))

Note: The list of tasks will dynamically change based on the answer to the Job Being Performed field from Tab 1. The tasks from the Best Practice are shown in the Portal drop-down list.

Use the rows below to take some notes on the Best Practice task being performed.

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•	
•	
•	
•	



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TAB 2 – EMPLOYEE INFORMATION: Continued		✓	Comments
*Time with Company for Injured Employee <i>Write an estimated time.</i>			
*The Injured Employee's Role at Time of Injury <i>Write the role.</i>			
* Time in Role for Injured Employee <i>Write an estimated time.</i>			

TAB 2 – EMPLOYEE INFORMATION: Continued		✓	Comments
Additional Employees Involved? <i>(If "Yes," continue using this section of the worksheet. If "No," skip to the next section.)</i>			
<input type="radio"/> Yes	<input type="radio"/> No		
* Time with Company for Employee 2 <i>Write an estimated time.</i>			
* Role at Time of Incident Employee 2 <i>Write the Role.</i>			
* Time in Role for Employee 2 <i>Write an estimated time.</i>			

TAB 2 – EMPLOYEE INFORMATION: Continued		✓	Comments
Additional Employees Involved? <i>(If "Yes," continue using this section of the worksheet. If "No," skip to the next section.)</i>			
<input type="radio"/> Yes	<input type="radio"/> No		
* Time with Company for Employee 3 <i>Write an estimated time.</i>			
* Role at Time of Incident Employee 3 <i>Write the role.</i>			



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* Time in Role for Employee 3 <i>Write an estimated time.</i>		

TAB 3 – INCIDENT FACTS: Gather ACCURATE and TIMELY information			✓ Comments
Environment <i>Write an estimated environment weather condition.</i>			
* Did Customer Demand Exceed the Schedule?			
<input type="radio"/> Yes	<input type="radio"/> No		
* Store Manager on Duty			
<input type="radio"/> Yes	<input type="radio"/> No		
* Sr Assistant Manager on Duty			
<input type="radio"/> Yes	<input type="radio"/> No		
✓ Comments			
* Bay Time <i>Write an estimated time.</i>			
* Customer Wait Time <i>Write an estimated time.</i>			
* Work Flow Type <i>Check the type.</i>			
<input type="radio"/> Mirror			
<input type="radio"/> Non-Mirror			
<input type="radio"/> Bayside			
* Work Flow Play <i>Check the play.</i>			
<input type="radio"/> 2-person play			
<input type="radio"/> 3-person play			
<input type="radio"/> 4-person play			



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TAB 3 – INCIDENT FACTS: Continued

✓ Comments

* Why was the Task not Completed According to the Best Practice

Check the item(s) that apply.

<ul style="list-style-type: none">Not Applicable. BPs were followed	<ul style="list-style-type: none">The Employee did not know the BPs	
<ul style="list-style-type: none">There is no known or written BP	<ul style="list-style-type: none">Employee not capable of performing task	
<ul style="list-style-type: none">The BP steps did not anticipate this issue	<ul style="list-style-type: none">Job procedure encourages deviations	
<ul style="list-style-type: none">Employee deviated from the BP		

TAB 3 – INCIDENT FACTS: Continued

✓ Comments

* What PPE was the Employee Wearing at the Time of the Event?

Check the item(s) that apply.

<ul style="list-style-type: none">Safety Glasses	<ul style="list-style-type: none">Footwear	
<ul style="list-style-type: none">Goggles	<ul style="list-style-type: none">Ear Plugs	
<ul style="list-style-type: none">Face Shield	<ul style="list-style-type: none">Earmuffs	
<ul style="list-style-type: none">Gloves	<ul style="list-style-type: none">None	
<ul style="list-style-type: none">Reflective Top		

TAB 3 – INCIDENT FACTS: Continued

✓ Comments

* How did the PPE Contribute to the injury?

Check the item(s) that apply.

<ul style="list-style-type: none">Not Applicable. PPE was effective or not a factor		
<ul style="list-style-type: none">The appropriate PPE was not specific for the job		
<ul style="list-style-type: none">The appropriate PPE was not available		
<ul style="list-style-type: none">Employee did not know the PPE requirement		
<ul style="list-style-type: none">PPE was not used properly		
<ul style="list-style-type: none">Employee did not know PPE use/maintain		
<ul style="list-style-type: none">PPE was not adequate		

* Where was the Service Coordinator at the Time of the Event?

Write the location.

* Where was the Crew Chief at the Time of the Event?

Write the location.

* Where in the store did the event occur?

Write the location.



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TAB 3 – INCIDENT FACTS: Continued

✓ Comments

* How did the Equipment/Tool/Object Contribute to the Event?

Check the item(s) that apply.

- Not Applicable. Equipment/Tool/Object did not contribute to event
- Equip/Tool/Object was defective/damaged/malfunctioning
- The defect/damage/malfunction not recognized
- The defect/damage/malfunction recognized, not reported
- EE not informed of hazardous procedure
- Insp process did not detect hazardous condition
- Correct equip/tool not used
- Correct equip/tool not available
- EE did not know equip/tool location
- Substitute equip/tool was used
- Equip/tool created stress

TAB 3 – INCIDENT FACTS: Continued

✓ Comments

* How did the Position of the Equipment of another Employee Contribute to the Event?

Check the item(s) that apply.

- Not Applicable. Environment was Not Hazardous
- Equip Hazardous Position Not Recognized
- Equip Hazardous Position Not Reported
- Employee Not Informed of Hazardous Position Procedures
- Employee was Not to be in Equipment Vicinity
- Hazardous Positioning Not Visible to Employee
- Workspace was Not Sufficient

TAB 3 – INCIDENT FACTS: Continued

✓ Comments

* Which Manager was in the Area of the Event?

Write the role.

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TAB 3 – INCIDENT FACTS: Continued

✓ Comments

* How Did Management System Contribute?

Check the item(s) that apply.

- Not Applicable. Management System Did Not Contribute
- Supervisor Did Not Anticipate the Hazard
- BP Deviation Went Undetected
- No Hazard Review for Infrequent Tasks
- Accountability Not Defined/Known
- Supervisor Not Trained in Accident Prevention
- Hazardous Condition Not Corrected

* Location Of Event?

Write the location.

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TAB 4 – CORRECTIVE ACTION: The prevention and solution for future safety



Comments

* Describe the Corrective Action/Preventative Action

Use all investigation notes and conversations with Store Management to write the appropriate Corrective Action/Preventative Action.

Use this worksheet space below to write the Corrective Action.

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TAB 4 – CORRECTIVE ACTION: Continued



Comments

* How Will the Corrective/Preventative Action be Implemented?

Check the item(s) that apply.

• Accountability and Enforcement	• Training or Coaching
• Communication	• Utilize Best Practice
• Equipment or Tool	• Work Direction
• Improve Best Practice	• Work Preparation
• Incentive	• Work Supervision
• Inspection or Audit	• Safety Huddle
• Maintenance	• Adding PPE
• Observation	

* Implementation Completion Date

Write the date.

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TAB 4 – CORRECTIVE ACTION: Continued



Comments

* Which PSE Puzzle Piece(s) Will be Impacted by Corrective/Preventative Action?

Check the item(s) that apply.

• Recruiting, training coaching, and mentoring	
• Right number of qualified people scheduled	
• Clear roles and expectations	
• Environment ready	

Did this investigation result in the need for attachments of photos or communication from the Corporate Safety Investigator to provide additional files needed in this investigation?

(If "Yes," write the file name(s) requested from the Corporate Safety Investigator)

• Yes	• No	